UNITED STATES HOUSE OF REPRESENTATIVES For N	FORM B For New Members, Candidates, and New Employees	OCT 16 2018 Page 1 of
Name: Erika Stoths Poatswal Dayti	Daytime Telephone:_	18 OCT 24 PM 12: 31
New Member of or Candidate for State: Lagrange U.S. House of Representatives District: Candidates – Date of Election:	Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistan	ype (If Applicable): Principal Assistant toto	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE	SE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	during the reporting through the date of filing?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes Perporting period?	R. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	ortable agreement or arrangement with an reporting period or in the current calendar of filing?
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	e than \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	_	ANSWER "YES" REQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	RMATION - ANSWER BOTH OF TH	TH OF THESE QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	s and certain other "excepted trusts" need not be disclo	ed. Have you excluded Yes Mo No
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent cleaxemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	oilities of a spouse or dependent cl	nild because they meet all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME" Page_

				Examples:	Jr. Mega	SP,	all interest-bearing accounts. If the total is o \$5,000, ist every financial institution where their more than \$1,000 in interest-bearing accounts. For rental every financial institution where their more than \$1,000 in interest-bearing accounts. For rental and other real property held for investing provide a complete address or description, e rental property," and a city and state. For an ownership interest in a privately-held busine that is not publicly traded, state the name of business, the nature of its activities, and geographic location in Block A. Exclude: Your personal residence, including seconomes and vacation homes (unless there was reincome during the reporting period); and any finanterest in, or income derived from, a fedd retirement program, including the Thrift Savings Pleif you report a privately-traded fund that is Excepted Investment Fund, please check the "If you co choose, you may indicate that an asse income source is that of your spouse (SP) dependent child (DC), or jointly held with anyone (in the optional column on the far left. For a detailed discussion of Schedule A requirement please refer to the instruction booklet.	For bank and other cash a	For all IRAs and other 401(k) plans) provide the the account that exceeds	Provide complete names of stoc (do not use only ticker symbols).	Identify (a) each asset held production of income and with exceeding \$1 open at the end of and (b) any other reportable asset which generated more than \$1 income during the year.	Assets and/or	BL
			ABC Hedge Fund X	Simon & Schuster	Mega Corp Stock	EIF	all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., 'rental property,' and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	ccounts, total the amount in	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	identify (a) each asset held for investment or production of income and with a fair market value production of income and with a fair market value production of 1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in 'unearmed' income during the year.	Assets and/or Income Sources	BLOCK A
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Name: Krika Stotts Reason

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

Name: Page 으

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

		Amo	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland	Salary	\$20,000	\$76,000 \$1,000
Onlario County Board of Education	Spouse Salary	NIA	NVA

SCHEDULE D - LIABILITIES

LITIES	Name:	Enko	Sports	Name: Eriko Stoths Roarson	Page of	
ved to any one creditor <i>at any time</i> during the reporting period by you, your spouse, or your dependent child. Mark the highest am s are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude : Any mor	ou, your sp	ouse, or your de ages on their pe	pendent child. rsonal residence	Mark the highest amou	nount owed during the reporting rigage on your personal residence	

(unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. period. New Members: Members Report liabilities of over \$10,000 ov

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					SP, DC, JT		
				Example			4
				First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

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			Position	ponde and the contain calcinal year. I hat year carried
			Name of Organization	ponde and and contain year. Their year candidates and her simple years report positions have in the candidate year and tree previous years.

SCHEDULE F - AGREEMENTS

			Date	Identify the dat continuation or employer.	
			Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	
			Terms of Agreement	ave with respect to: future employment; a leave of absence during the period of government service; vernment; or continuing participation in an employee welfare or benefit plan maintained by a former	Name:
				l of government service; maintained by a former	Page of

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

government an	nd any information considered confidential as a result of	government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on occidente c.
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services